



Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: January 31, 2012

PATHOLOGY, INC.
231 W CHESTNUT AVE
MONROVIA CA 91016-3315

DISPLAY:

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME,

DIRECTOR, OWNER AND/OR ADDRESS:

State law requires that you notify this office WITHIN 30 DAYS of any change in ownership, name, location or laboratory directors. YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE OCCURS. Mail written notification of the above changes to the address indicated below:

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (11-09)

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Tear Here

State of California Department of Public Health


CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

PATHOLOGY, INC.
231 W. CHESTNUT AVENUE
MONROVIA CA 91061

<p>OWNER(S): PATHOLOGY INC, A MEDICAL CORPORATION ALFRED_(PRES) F LUI MD ERIC_(SECRE) F GLASSY MD RICHARD ELLIS MD ABS CAPITAL VI LP</p>	<p>DIRECTOR(S): ERIC GLASSY MD RICHARD ELLIS MD</p>
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Lab ID Number: CLF00011707
Effective Date: January 31, 2011
Valid Until: January 31, 2012
CLIA Number: 05D0989581


 Beatrice R. O'Keefe, Chief
 Laboratory Field Services